Lyndale Care Limited - Lyndale Villa and Manor

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Lyndale Care Limited
Premises audited:	Lyndale Villa||Lyndale Manor
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 25 March 2019 End date: 26 March 2019

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 38

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Lyndale Care Limited provide rest home and secure dementia level care for up to 56 residents at two locations; Lyndale Villa and Lyndale Manor. The service is privately operated and is managed by a general manager and a clinical services manager. The general manager has worked in the sector for many years and in this role for seven months. Residents and families spoke positively about the care provided.

This surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, a visiting clinical nurse specialist and a general practitioner.

The service complies with all standards audited. Improvements have been made to ongoing education, documentation, medication management, cleaning, and planned activities, addressing those areas requiring improvement at the previous audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.

Open communication between staff, residents and families is promoted, and confirmed to be effective at Lyndale Manor and Lyndale Villa. There is access to interpreting services if required.

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.

Lyndale Care's business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the owners is regular and effective. An experienced and suitably qualified person manages the facility.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families. Incidents are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and are current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.

Residents' of Lyndale Care Limited have their needs assessed on admission by a multidisciplinary team, within the required timeframes. Shift handovers and communication sheets guide continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

The planned activity programme is overseen by a diversional therapist and provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses and care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.

Both Lyndale Manor and Lyndale Villa meet the needs of residents and were clean and well maintained. There is a current building warrant of fitness for each facility. Electrical equipment is tested as required.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.

Lyndale Care has implemented policies and procedures that support the minimisation of restraint. No enablers and no restraints were in use at the time of audit. Use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.

Aged care specific infection surveillance is undertaken, data is analysed and trended. Results are reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	17	0	0	0	0	0
Criteria	0	46	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click here.

For more information on the different types of audits and what they cover please click here.

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The Lyndale Care complaints/concerns policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission, and those interviewed knew how to do so. The complaints register reviewed showed that two complaints have been received since the new general manager has been in the role and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans show any required follow up and improvements have been made where possible. The general manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. An initial enquiry received from the Office of the Health and Disability Commissioner (HDC) was fully investigated and comprehensively responded to by the general manager, resulting in no further action being taken by the HDC. The investigation identified the need for improvements and resulted in corrective actions being implemented by the general manager and clinical leaders. There have been no other complaints received from external sources since the previous audit that the current general manager is aware of.
Standard 1.1.9: Communication	FA	Lyndale Care residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open

Service providers communicate effectively with consumers and provide an environment conducive to effective communication.		disclosure, which is supported by Lyndale Care policies and procedures that meet the requirements of the Code. Staff know how to access interpreter services through the Wairarapa District Health Board, although reported this was rarely required due to all residents being able to speak English.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	The Lyndale Care strategic and business plans, which were reviewed by the new general manager, outline the purpose, values, scope, direction and goals of the organisation. The documents described annual and longer term objectives and the associated operational plans. A sample of quarterly reports to the owners showed adequate information to monitor performance is reported including occupancy, staffing, financial performance, clinical and non-clinical emerging risks and issues. Lyndale Care is managed by a general manager who holds relevant qualifications, including nursing registration with a current annual practicing certificate, and has many years' experience in the sector. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The general manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through ongoing education, and professional aged care sector engagement. The service holds contracts with the Wairarapa District Health Board, for rest home, residential care, respite, day care, palliative care and dementia care. Twenty (20) residents were receiving services under the age related residential care contract at Lyndale Villa and 18 were receiving dementia services at Lyndale Manor at the time of audit.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality	FA	Lyndale Care has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of resident and staff incidents and complaints, internal audit activities, a regular resident and family satisfaction survey, monitoring of outcomes, clinical incidents including falls, medication errors, skin tears and infections. Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the quality improvement and health and safety (QUISHE) meeting, service team meetings, clinical meeting and staff meetings. Staff reported their involvement in quality and risk management activities through education, incident reporting, audit activities, meeting attendance and their ability to make suggestions for improvements. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed annually. The most recent family survey in August 2018 showed 100% of respondents were satisfied or very satisfied with the level of care provided to their family

improvement principles.		member. Suggestions regarding responses to complaints, food quality, and communication have all resulted in corrective actions such as specific education on complaint response timeframes, resident input into a new menu, improved communication with families and more family evenings. Lyndale Care policies reviewed covered all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. The general manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015) and has implemented requirements.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.	FA	Lyndale Care staff document adverse and near miss events on an incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated and analysed by the general manager and reported to the owners, staff, residents and families in the various regular meetings and newsletters. The general manager described essential notification reporting requirements, including for pressure injuries. They advised that significant events had occurred at the facility, notifications were made to the appropriate authorities. This included an infection outbreak which was notified to regional public health and the DHB. A resident had absconded from the secure dementia unit but was found within half an hour. This was discussed with the DHB and opportunities for changes identified and implemented.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with	FA	Lyndale Care human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. The general manager is responsible for managing the APC register to ensure these are current. A sample of staff records from both facilities reviewed confirmed Lyndale Care's policies are being consistently implemented and records are maintained. Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation and a

good employment practice and meet the requirements of legislation.		performance review after a three-month period. Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The general manager is the internal assessor for the programme. Staff working in Lyndale Manor, the secure dementia care area, have either completed or are enrolled in the required education. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals. The areas for improvement identified at the last audit have been addressed by all staff completing restraint training, dementia training for all RNs who work across both facilities, and care staff rostered to Lyndale Manor, the employment of a diversional therapist and enrolment in a Level 4 diversional therapy qualification by the recreation officer.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7) at both facilities. Senior staff adjust staffing levels to meet the changing needs of residents. An afterhour on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of five-weeks of rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate as indicated on the roster and there is an RN on call 24/7 for both Lyndale Manor and Lyndale Villa.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when	FA	All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current and integrated. This includes interRAI assessment information entered into the Momentum electronic database. Records were legible with the name and designation of the person making the entry identifiable.

required.		
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policy was current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit in the Villa and the Manor. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request. Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. There were no controlled drugs in use at the Manor at the time of audit, however interviews, observation and documentation verified these were managed in a safe manner and any medication errors were recorded on an incident form. This, in addition to verification the medication fridge is defrosted regularly, addresses previous areas requiring improvement. The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range. Good prescribing practices noted included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the electronic medicine chart. There were no residents self-administering medications at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner, when necessary. Medication errors are reported to the RN and CM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified. Standing orders are not used at Lyndale.
Standard 1.3.13: Nutrition, Safe Food,	FA	The food service is provided at each of the two sites by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was reviewed by a qualified dietitian in October

And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.		2018. Recommendations made at that time have been implemented. A food control plan, registered with the Masterton District Council (10 September 2018), is in place for both sites. Both have had a verification audit. Corrective actions required at those audits have been addressed and signed off. The findings of the verification audit and observations verified the required corrective actions from the previous audit around a cleaning schedule, defrosting of the freezers and a pest control plan being implemented, have been attended to. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training. A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available. Residents in the Manor have access to food at any time of the night or day. Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There are enough staff on duty in the dining rooms at meal times to ensure appropriate assistance is available to residents as needed. A plan to introduce a buffet breakfast in the Villa is in the process of being implemented.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Documentation, observations and interviews verified the care provided to residents at Lyndale Care Limited (Lyndale) was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. Comprehensive management was sighted of a resident receiving care from a palliative perspective, in partnership with the family. Residents' files reviewed in the secure unit (Lyndale Manor) evidenced an activated Enduring Power of Attorney (EPOA) was in place. The implementation of a new initiative in the Manor around the setting up of a sensory room, enables access by residents to an area of low stimulation and a place of peace. The effectiveness of the room in the management of behaviours that challenge has yet to be evaluated. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents'

		needs.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	The activities programme is overseen by a diversional therapist, and implemented by two activities officers, one at each site, five days a week. A review of seven files, observation and interviews verified a social assessment and history is undertaken on the resident's admission to Lyndale to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review. This addresses a previously identified area requiring improvement. The planned monthly activities programme sighted matches the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities The residents in the secure unit have twenty-four-hour activities plans that reflected the resident's twenty-four-hour needs. An initiative has been commenced in the secure unit, with an "old shop" set up, in a shed outside. The shop is reflective of a shop years ago, with the old telephone, cash register, packages etc. Residents visit and purchase and discuss their memories of the past. An evaluation of the effectiveness of this initiative is yet to be completed. The residents in the Villa have started a food collection, in conjunction with the local food bank. At the entrance to the facility, a food bank is set up to encourage the community and family members to contribute. The residents contribute to it with vegetables they have grown in the garden. Individual, group activities and regular events are offered. Examples include yoga, a resident initiated vegetable garden, arts and crafts, monthly RSA lunches, visiting entertainers, quiz sessions and daily news updates. The activities programme is discussed at the minuted residents' meetings and indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the programme and that information is used to improve the range of activities offered. Residents interviewed confirmed they find the programme meets their needs.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and	FA	Resident care in both the Manor and the Villa is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN. Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples were sighted of short-term care plans being consistently reviewed for situations where deviations from normal occurred (eg, infections, pain, weight loss), and

timely manner.		progress evaluated as clinically indicated. Other plans, such as wound management plans, were evaluated each time the dressing was changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	A current building warrant of fitness is publicly displayed in the reception area of both Lyndale Manor and Lyndale Villa; both expire on 30 June 2019. Appropriate systems are in place at both Lyndale Manor and Lyndale Villa to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. The environment was hazard free, residents were safe and independence was promoted. External areas are safely maintained and were appropriate to the resident groups and setting. Lyndale Manor residents have safe access to their gardens to enable meaningful walking in an attractive environment. Residents, relatives and staff confirmed they know the processes they should follow if any repairs or maintenance are required and that any requests are appropriately actioned. They were happy with the environment. A Code Compliance Certificate dated 7 March 2019 has been issued. The GM advises that subsequent to the audit, approval of the revised evacuation scheme was received from Fire and Emergency NZ (FENZ) and this has been sighted by the audit team. The rooms are off a separate corridor, yet to be used and not yet numbered. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent at Lyndale Manor being on 24 December 2018.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Surveillance of infections at Lyndale is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs. The infection control officer, clinical manager, facility manager and the RNs review all reported infections each week at the RN meeting. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. A norovirus outbreak in February 2019, resulted in nineteen residents and thirteen staff having Norovirus in both the

		Manor and the Villa. Both facilities were closed, and the outbreak resolved in a week. Public Health and the Wairarapa District Health Board were notified. An analysis of the outbreak management strategies and areas for improvement are documented. A recent scabies outbreak in the Manor has also required management and been contained.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Lyndale Care policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on maintaining a restraint free environment. The restraint coordinator provides support and oversight for enabler management and the restraint-free environment in both facilities and demonstrated a sound understanding of the Lyndale Care's policies, procedures and practice and her role and responsibilities. On the day of audit, no residents were using restraints and no residents were using enablers. Staff interviewed stated the need to ensure enablers are the least restrictive and used voluntarily at a resident's request. A process is followed for the use of enablers. Restraint is not used and all alternatives, such as de-escalation and use of the sensory room, are explored instead. This was evident on review of the quality and clinical group minutes, files reviewed, and from interview with staff.

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.